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**State:** District of Columbia **First Filing Company:** EMC Property & Casualty Company, ...  
**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability  
**Product Name:** General Liability  
**Project Name/Number:** /GL-Addl Insd-19

## Filing at a Glance

Companies: EMC Property & Casualty Company  
EMCASCO Insurance Company  
Employers Mutual Casualty Company  
Union Insurance Company of Providence

Product Name: General Liability  
State: District of Columbia  
TOI: 17.0 Other Liability-Occ/Claims Made  
Sub-TOI: 17.0001 Commercial General Liability  
Filing Type: Form  
Date Submitted: 01/15/2020  
SERFF Tr Num: EMCC-132222339  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: DC-GL-2020-02

Effective Date: 05/01/2020  
Requested (New):  
Effective Date: 05/01/2020  
Requested (Renewal):  
Author(s): Patty Johnson  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date (New):  
Effective Date (Renewal):

**State:** District of Columbia  
**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability  
**Product Name:** General Liability  
**Project Name/Number:** /GL-Addl Insd-19  
**First Filing Company:** EMC Property & Casualty Company, ...

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: GL-Addl Insd-19 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 01/15/2020  
State Status Changed: Deemer Date:  
Created By: Patty Johnson Submitted By: Patty Johnson  
Corresponding Filing Tracking Number: DC-GL-2020-01

### Filing Description:

With this filing, we are submitting a form revision. Please refer to the attached form memorandum for complete details. The related rule filing is being submitted under separate cover.

We supplement this filing with the following:

Form Memorandum  
Copies of the forms

We respectfully request your acknowledgement of this filing to be applicable to policies written on or after May 1, 2020. Thank you.

## Company and Contact

### Filing Contact Information

Patty Johnson, Filings Analyst	Patty.M.Johnson@EMCIns.com
PO Box 712	800-247-2128 [Phone] 2282 [Ext]
Des Moines, IA 50306-0712	515-345-2223 [FAX]

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**Filing Company Information**

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EMC Property & Casualty Company	CoCode: 25186	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 63-0329091	

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EMCASCO Insurance Company	CoCode: 21407	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 42-6070764	

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Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 42-0234980	

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Union Insurance Company of Providence	CoCode: 21423	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 05-0230479	

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**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

First Filing Company:

EMC Property &amp; Casualty Company, ...

TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Add'l. Insured-Owners, Lessees or Contractors-Scheduled Person or Organization	CG7569	3-20	END	New				CG7569 3-20.pdf
2		Add'l. Insured-Owners, Lessees or Contractors-Completed Operations	CG7571	3-20	END	New				CG7571 3-20.pdf
3		Add'l. Insured-Owners, Lessees or Contractors-Completed Operations	CG7694	3-20	END	New				CG7694 3-20.pdf
4		Add'l. Insured-Owners, Lessees or Contractors-Schedule Person or Organization	CG7695	3-20	END	New				CG7695 3-20.pdf
5		Add'l. Insured-Designated Person or Organization-Vicarious Liability	CG7501	10-13	END	Withdrawn	Previous Filing Number:	EMCC-129298652		CG7501 10-13.pdf
							Replaced Form Number:			

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:

**2. Exclusions**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
<b>Location(s) And Description(s) Of Completed Operations:</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" arising out of "your work" at the location designated and described in the Schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –  
COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Named Of Additional Insured Person(s) Or Organization(s):</b>	<b>Locations(s) And Description Of Completed Operations</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II – Who is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or “property damage” caused, in whole or in part, by “your work” at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard”.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Named Of Additional Insured Person(s) Or Organization(s):	Locations(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – VICARIOUS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

**B.** This insurance does not apply to any “bodily injury”, “property damage” or “personal and advertising injury” resulting from any act or omission by, or willful misconduct of the additional insured shown in the Schedule, whether the sole or a contributing cause of the loss. The coverage afforded to the additional insured is limited solely to the additional insured’s “vicarious liability” that is a specific and direct result of your conduct.

“Vicarious liability” as used in this endorsement means liability that is imposed on the additional insured solely by virtue of its relationship with you, and not due to any act or omission of the additional insured.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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## Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Form Memorandum
Comments:	
Attachment(s):	FORM_Memorandum.pdf
Item Status:	
Status Date:	

## **District of Columbia General Liability Form Memorandum**

### **New Forms**

#### **CG7569 (3-20) Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization**

This endorsement provides the same wording as found in ISO endorsement CG2010 (10-01)

#### **CG7695 (3-20) Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization**

This endorsement provides the same wording as found in ISO endorsement CG2010 (07-04)

#### **CG7694 (3-20) Additional Insured – Owners, Lessees or Contractors – Completed Operations**

This endorsement provides the same wording as found in ISO endorsement CG2037 (07-04)

#### **CG7571 (3-20) Additional Insured – Owners, Lessees or Contractors – Completed Operations**

This endorsement provides the similar wording as found in ISO endorsement CG2037 (07-04). However, we have replaced the “caused, in whole or in part, by” language with “arising out of” language. Insureds often ask for the 10-01 edition of CG2037. This form never existed. However, if CG2037 (10-01) had existed, CG7571 would be a close match (if not exact).

### **Withdrawn Form**

#### **CG7501 (10-13) Additional Insured – Designated Person or Organization – Vicarious Liability**

We have decided to discontinue use of vicarious liability additional insured forms.